

## DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY

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## **APPLICATION FOR ELEVATOR INSPECTOR STATE CERTIFICATION**

<u>NOTE</u>: Failure to provide adequate documentation of experience/work history, QEI certification and proof of appropriate insurance coverage may result in denial or delay in issuance of certification.

## **GENERAL INFORMATION**

PLEASE TYPE OR PRINT

Name of Applicant:				
Home Address:		Home Phone Number:		
City	State		Zip	
Inspection Business Name:	Business Phone Number:			
<b>Business Address:</b>				
City	State		Zip	
Email Address (if applicable):				
Business Website Address (if applicable):				
EDUCATION / EXPERIENCE				
Do you have a High School Diploma / GED?  Yes No				
How many years of experience do you have in the following areas:				
1) Mechanical or electrical field? years				
2) Design, construction, installation, repair or inspection of elevator equipment? years				
3) College level engineering education? vears				

## **ASME QEI CERTIFICATION INFORMATION**

QEI Certification Number:	
Have you ever had your QEI Certification revoked or suspended in the U  No Yes (if so, explain on a separate page and attach	
ADDITIONAL REQUIRED DOCUMENT	TATION
Attach the following to this Application:	
1) Copy of QEI Certificate, and;	
2) Proof of Liability Insurance to include professional liability general liability coverage in the amounts required by 11 CS	,
3) A <u>detailed</u> résumé listing current employer, previous emplo experience and work history for the last five years.	yers, positions held,
Failure to provide this required documentation may result in a issuance of Missouri certification.	a denial or a delay in the
I hereby certify that I have read, am familiar with and possess a c 701.380 and promulgated rules 11 CSR 40-5.010 through 11 CSR 40 Elevator Safety Act. As an elevator inspector certified by the Missou perform my duties in accordance with these rules and regulations.	-5.150, otherwise known as th
I further certify that I have no direct financial interest in any manufactures, installs, repairs or services elevator equipment.	business or operation which
Applicant's Signature:	Date: